

Davis Advantage for Medical-Surgical Nursing: Making Connections to Practice 2nd edition Hoffman Sullivan Test Bank

Chapter 1: Foundations for Medical-Surgical Nursing

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. The medical-surgical nurse identifies a clinical practice issue and wants to determine if there is sufficient evidence to support a change in practice. Which type of study provides the strongest evidence to support a practice change?
- 1) Randomized control study
 - 2) Quasi-experimental study
 - 3) Case-control study
 - 4) Cohort study
- _____ 2. The medical-surgical unit recently implemented a patient-centered care model. Which action implemented by the nurse supports this model?
- 1) Evaluating care
 - 2) Assessing needs
 - 3) Diagnosing problems
 - 4) Providing compassion
- _____ 3. Which action should the nurse implement when providing patient care in order to support The Joint Commission's (TJC) National Patient Safety Goals (NPSG)?
- 1) Silencing a cardiorespiratory monitor
 - 2) Identifying each patient using one source
 - 3) Determining patient safety issues upon admission
 - 4) Decreasing the amount of pain medication administered
- _____ 4. Which interprofessional role does the nurse often assume when providing patient care in an acute care setting?
- 1) Social worker
 - 2) Client advocate
 - 3) Care coordinator
 - 4) Massage therapist
- _____ 5. The medical-surgical nurse wants to determine if a policy change is needed for an identified clinical problem. Which is the first action the nurse should implement?
- 1) Developing a question
 - 2) Disseminating the findings
 - 3) Conducting a review of the literature
 - 4) Evaluating outcomes of practice change

- ___ 6. The nurse is evaluating the level of evidence found during a recent review of the literature. Which evidence carries the lowest level of support for a practice change?
- 1) Level IV
 - 2) Level V
 - 3) Level VI
 - 4) Level VII
- ___ 7. The nurse is reviewing evidence from a quasi-experimental research study. Which level of evidence should the nurse identify for this research study?
- 1) Level I
 - 2) Level II
 - 3) Level III
 - 4) Level IV
- ___ 8. Which level of evidence should the nurse identify when reviewing evidence from a single descriptive research study?
- 1) Level IV
 - 2) Level V
 - 3) Level VI
 - 4) Level VII
- ___ 9. Which statement should the nurse make when communicating the “S” in the SBAR approach for effective communication?
- 1) “The patient presented to the emergency department at 0200 with lower left abdominal pain.”
 - 2) “The patient rated the pain upon admission as a 9 on a 10-point numeric scale.”
 - 3) “The patient has no significant issues in the medical history.”
 - 4) “The patient was given a prescribed opioid analgesic at 0300.”
- ___ 10. The staff nurse is communicating with the change nurse about the change of status of the patient. The nurse would begin her communication with which statement if correctly using the SBAR format?
- 1) “The patient’s heartrate is 110.”
 - 2) “I think this patient needs to be transferred to the critical care unit.”
 - 3) “The patient is a 68-year-old male patient admitted last night.”
 - 4) “The patient is complaining of chest pain.”
- ___ 11. Which nursing action exemplifies the Quality and Safety Education for Nursing (QSEN) competency of safety?
- 1) Advocating for a patient who is experiencing pain
 - 2) Considering the patient’s culture when planning care
 - 3) Evaluating patient learning style prior to implementing discharge instructions
 - 4) Assessing the right drug prior to administering a prescribed patient medication
- ___ 12. Which type of nursing is the root of all other nursing practice areas?
- 1) Pediatric nursing
 - 2) Geriatric nursing
 - 3) Medical-surgical nursing
 - 4) Mental health-psychiatric nursing
- ___ 13. Which did the Nursing Executive Center of The Advisory Board identify as an academic-practice gap for new graduate nurses?
- 1) Patient advocacy
 - 2) Patient education

- 3) Disease pathophysiology
 - 4) Therapeutic communication
- _____ 14. Which statement regarding the use of the nursing process in clinical practice is accurate?
- 1) “The nursing process is closely related to clinical decision-making.”
 - 2) “The nursing process is used by all members of the interprofessional team to plan care.”
 - 3) “The nursing process has 4 basic steps: assessment, planning, implementation, evaluation.”
 - 4) “The nursing process is being replaced by the implementation of evidence-based practice.”
- _____ 15. Which is the basis of nursing care practices and protocols?
- 1) Assessment
 - 2) Evaluation
 - 3) Diagnosis
 - 4) Research
- _____ 16. Which is a common theme regarding patient dissatisfaction related to care provided in the hospital setting?
- 1) Space in hospital rooms
 - 2) Medications received to treat pain
 - 3) Time spent with the health-care team
 - 4) Poor quality food received from dietary
- _____ 17. The nurse manager is preparing a medical-surgical unit for The Joint Commission (TJC) visit. With the nurse manager presenting staff education focusing on TJC benchmarks, which of the following topics would be most appropriate?
- 1) Implementation of evidence-based practice
 - 2) Implementation of patient-centered care
 - 3) Implementation of medical asepsis practices
 - 4) Implementation of interprofessional care
- _____ 18. Which aspect of patient-centered care should the nurse manager evaluate prior to The Joint Commission site visit for accreditation?
- 1) Visitation rights
 - 2) Education level of staff
 - 3) Fall prevention protocol
 - 4) Infection control practices
- _____ 19. The medical-surgical nurse is providing patient care. Which circumstance would necessitate the nurse verifying the patient’s identification using at least two sources?
- 1) Prior to delivering a meal tray
 - 2) Prior to passive range of motion
 - 3) Prior to medication administration
 - 4) Prior to documenting in the medical record
- _____ 20. The nurse is providing care to several patients on a medical-surgical unit. Which situation would necessitate the nurse to use SBAR during the hand-off process?
- 1) Wound care
 - 2) Discharge to home
 - 3) Transfer to radiology
 - 4) Medication education

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

- _____ 21. The staff nurse is teaching a group of student nurses the situations that necessitate hand-off communication. Which student responses indicate the need for further education related to this procedure? *Select all that apply.*
- 1) "A hand-off is required prior to administering a medication."
 - 2) "A hand-off is required during change of shift."
 - 3) "A hand-off is required for a patient is transferred to the surgical suite."
 - 4) "A hand-off is required whenever the nurse receives a new patient assignment."
 - 5) "A hand-off is required prior to family visitation."
- _____ 22. Which actions by the nurse enhance patient safety during medication administration? *Select all that apply.*
- 1) Answering the call bell while transporting medications for a different patient
 - 2) Identifying the patient using two sources prior to administering the medication
 - 3) Holding a medication if the patient's diagnosis does not support its use
 - 4) Administering the medication two hours after the scheduled time
 - 5) Having another nurse verify the prescribed dose of insulin the patient is to receive
- _____ 23. The medical-surgical nurse assumes care for a patient who is receiving continuous cardiopulmonary monitoring. Which actions by the nurse enhance safety for this patient? *Select all that apply.*
- 1) Silencing the alarm during family visitation
 - 2) Assessing the alarm parameters at the start of the shift
 - 3) Responding to the alarm in a timely fashion
 - 4) Decreasing the alarm volume to enhance restful sleep
 - 5) Adjusting alarm parameters based on specified practitioner prescription
- _____ 24. The nurse is planning an interprofessional care conference for a patient who is approaching discharge from the hospital. Which members of the interprofessional team should the nurse invite to attend? *Select all that apply.*
- 1) Physician
 - 2) Pharmacist
 - 3) Unit secretary
 - 4) Social worker
 - 5) Home care aide
- _____ 25. The nurse manager wants to designate a member of the nursing team as the care coordinator for a patient who will require significant care during the hospitalization. Which skills should this nurse possess in order to assume this role? *Select all that apply.*
- 1) Effective clinical reasoning
 - 2) Effective communication skills
 - 3) Effective infection control procedures
 - 4) Effective documentation
 - 5) Effective intravenous skills

**Chapter 1: Foundations for Medical-Surgical Nursing
Answer Section**

MULTIPLE CHOICE

1. ANS: 1

Chapter number and title: 1, Foundations for Medical Surgical Practice
 Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing
 Chapter page reference: 003-004
 Heading: Evidence-Based Nursing Care
 Integrated Processes: Nursing Process: Planning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Comprehension [Understanding]
 Concept: Evidence-Based Practice
 Difficulty: Easy

	Feedback
1	Systematic reviews of randomized control studies (Level I) are the highest level of evidence because they include data from selected studies that randomly assigned participants to control and experimental groups. The lower the numerical rating of the level of evidence indicates the highest level of evidence; therefore, this type of study provides the strongest evidence to support a practice change.
2	Quasi-experimental studies are considered Level III; therefore, this study does not provide the strongest evidence to support a practice change.
3	Case-control studies are considered Level IV; therefore, this study does not provide the strongest evidence to support a practice change.
4	Cohort studies are considered Level IV; therefore, this study does not provide the strongest evidence to support a practice change.

PTS: 1 CON: Evidence-Based Practice

2. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Practice
 Chapter learning objective: Explaining the importance of patient-centered care in the management of medical-surgical patients
 Chapter page reference: 004-005
 Heading: Patient-Centered Care in the Medical-Surgical Setting
 Integrated Processes: Caring
 Client Need: Psychosocial Integrity
 Cognitive level: Application [Applying]
 Concept: Nursing Roles
 Difficulty: Moderate

	Feedback
1	Evaluation is a step in the nursing process; however, this is not an action that supports the patient-centered care model.
2	Assessment is a step in the nursing process; however, this is not an action that supports the patient-centered care model.

3	Diagnosis is a step in the nursing process; however, this is not an action that supports the patient-centered care model.
4	Compassion is a competency closely associated with patient-centered care; therefore, this action supports the patient-centered model of care.

PTS: 1 CON: Nursing Roles

3. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 005-006

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1	Safely using alarms is a NPSG identified by TJC. Silencing a cardiorespiratory monitor is not nursing action that supports this NPSG.
2	Patient identification using two separate resources is a NPSG identified by TJC. Identifying a patient using only one source does not support this NPSG.
3	Identification of patient safety risks is a NPSG identified by the TJC. Determining patient safety issues upon admission supports this NPSG.
4	Safe use of medication is a NPSG identified by the TJC. Decreasing the amount of pain medication administered does not support this NPSG.

PTS: 1 CON: Safety

4. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role and competencies of medical-surgical nursing

Chapter page reference: 006-007

Heading: Interprofessional Collaboration and Communication

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Comprehension [Understanding]

Concept: Nursing Roles

Difficulty: Easy

	Feedback
1	The nurse does not often assume the interprofessional role of social worker when providing patient care in an acute care setting.
2	The nurse does not often assume the interprofessional role of client advocate role when providing patient care in an acute care setting.
3	The nurse often assumes the interprofessional role of care coordinator when providing patient care in an acute care setting.
4	The nurse does not often assume the interprofessional role of massage therapist when providing patient care in an acute care setting.

PTS: 1 CON: Nursing Roles

5. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Practice

Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 003

Heading: Box 1.3 Steps of Evidence-Based Practice

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Analysis [Analyzing]

Concept: Evidence-Based Practice

Difficulty: Difficult

	Feedback
1	The first step of evidence-based practice is to develop a question based on the clinical issue.
2	The last step of evidence-based practice is to disseminate findings.
3	The second step of evidence-based practice is to conduct a review of the literature, or current evidence, available.
4	The fifth step of evidence-based practice is to evaluate the outcomes associated with the practice change.

PTS: 1 CON: Evidence-Based Practice

6. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 004

Heading: Box 1.4 Evaluating Levels of Evidence

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Comprehension [Understanding]

Concept: Evidence-Based Practice

Difficulty: Easy

	Feedback
1	The lower the numeric value of the evidence the greater the support for a change in practice. Level IV evidence does not carry the lowest level of support for a practice change.
2	The lower the numeric value of the evidence the greater the support for a change in practice. Level V evidence does not carry the lowest level of support for a practice change.
3	The lower the numeric value of the evidence the greater the support for a change in practice. Level VI evidence does not carry the lowest level of support for a practice change.
4	The lower the numeric value of the evidence the greater the support for a change in practice. Level VII evidence carries the lowest level of support for a practice change.

PTS: 1 CON: Evidence-Based Practice

7. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 004

Heading: Box 1.4 Evaluating Levels of Evidence

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Evidence-Based Practice

Difficulty: Moderate

	Feedback
1	A systemic review of randomized controlled studies, not a quasi-experimental research study, is identified as Level I.
2	Evidence from at least one study randomized control study, not a quasi-experimental research study, is identified as Level II.
3	A quasi-experimental research study is identified as a Level III.
4	Evidence from case-control or cohort studies, not a quasi-experimental research study, is identified as a Level IV.

PTS: 1 CON: Evidence-Based Practice

8. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 004

Heading: Box 1.4 Evaluating Levels of Evidence

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Evidence-Based Practice

Difficulty: Moderate

	Feedback
1	Evidence from case-control or cohort studies, not a single descriptive research study, is identified as a Level IV.
2	Evidence from systemic reviews of descriptive or qualitative studies, not a single descriptive research study, is identified as Level V.
3	Evidence from a single descriptive research study is identified as Level VI.
4	Evidence from expert individual authorities or committees, not a single descriptive research study, is identified as Level VII.

PTS: 1 CON: Evidence-Based Practice

9. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 005
 Heading: Box 1.6 The SBAR Approach for Effective Communication
 Integrated Processes: Nursing Process: Implementation
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Application [Applying]
 Concept: Communication
 Difficulty: Moderate

	Feedback
1	The “S” reflects the patient’s current situation which is communicated by providing a brief statement of the issue. This statement by the nurse exemplifies the current situation.
2	The “A” reflects the patient’s assessment data. This statement by the nurse exemplifies the patient’s assessment data.
3	The “B” reflects the patient’s medical history. This statement by the nurse exemplifies communicating the patient’s history related to the current problem.
4	The “R” reflects specific actions needed to address the situation. This statement by the nurse exemplifies the actions implemented to address current level of pain.

PTS: 1 CON: Communication

10. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice
 Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care
 Chapter page reference: 005
 Heading: Box 1.6 The SBAR Approach for Effective Communication
 Integrated Processes: Nursing Process: Planning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Analysis [Analyzing]
 Concept: Communication
 Difficulty: Moderate

	Feedback
1	This statement is the “A” in the SBAR communication. This is an assessment finding by the staff nurse.
2	This statement is the “R” in the SBAR communication. This is the recommendation by the staff nurse.
3	This statement is the “B” in the SBAR communication. This is the background information.
4	This statement is the “S” in the SBAR communication. This is the situation information.

PTS: 1 CON: Communication

11. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice
 Chapter learning objective: Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies
 Chapter page reference: 006
 Heading: Box 1.8 Quality and Safety Education for Nursing (QSEN) Competencies

Integrated Processes: Nursing Process: Implementation
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Application [Applying]
 Concept: Safety
 Difficulty: Moderate

	Feedback
1	Advocating for a patient who is in pain exemplifies the QSEN competency of patient-centered care, not safety.
2	Considering the patient's cultural background exemplifies the QSEN competency of patient-centered care, not safety.
3	Evaluating the patient's learning style prior to implementing discharge instructions exemplifies the QSEN competency of patient-centered care, not safety.
4	Assessing the right drug prior to administering a prescribed medication exemplifies the QSEN competency of safety.

PTS: 1 CON: Safety

12. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice
 Chapter learning objective: Describing the role and competencies of medical-surgical nursing
 Chapter page reference: 002
 Heading: Introduction
 Integrated Processes: Nursing Process: Planning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Knowledge [Remembering]
 Concept: Nursing
 Difficulty: Easy

	Feedback
1	Pediatric nursing is not the root of all nursing practice areas.
2	Geriatric nursing is not the root of all nursing practice areas.
3	Medical-surgical nursing is the root of all nursing practice as care provided here can be implemented in all other areas of nursing practice.
4	Mental health-psychiatric nursing is not the root of all nursing practice areas.

PTS: 1 CON: Nursing

13. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice
 Chapter learning objective: Describing the role and competencies of medical-surgical nursing
 Chapter page reference: 002-003
 Heading: Competencies in Medical-Surgical Nursing
 Integrated Processes: Teaching and Learning
 Client Need: Physiological Integrity/Physiological Adaptation
 Cognitive level: Knowledge [Remembering]
 Concept: Critical Thinking
 Difficulty: Easy

	Feedback
1	Patient advocacy is not identified as an academic-practice gap for new graduate nurses.

2	Patient education is not identified as an academic-practice gap for new graduate nurses.
3	Knowledge of pathophysiology of patient conditions is identified as an academic-practice gap for new graduate nurses.
4	Therapeutic communication is not identified as an academic-practice gap for new graduate nurses.

PTS: 1 CON: Critical Thinking

14. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice”
 Chapter learning objective: Describing the role and competencies of medical-surgical nursing
 Chapter page reference: 003
 Heading: Competencies Related to the Nursing Process
 Integrated Processes: Teaching and Learning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Comprehension [Understanding]
 Concept: Critical Thinking
 Difficulty: Easy

Feedback	
1	The nursing process is closely related to the nurse’s decision-making in the clinical environment. This statement is accurate.
2	The nursing process is not used by all members of the interprofessional team to plan care.
3	The nursing process has 5, not 4, basic steps: assessment, diagnosis, planning, implementation, and evaluation.
4	The nursing process is not being replaced by the implementation of evidence-based practice.

PTS: 1 CON: Critical Thinking

15. ANS: 4

Chapter number and title: 1, Foundations for Medical-Surgical Nursing Practice
 Chapter learning objective: Discussing the incorporation of evidence-based practices into medical-surgical nursing
 Chapter page reference: 003-004
 Heading: Evidence-Based Nursing Care
 Integrated Processes: Teaching and Learning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Knowledge [Remembering]
 Concept: Evidence-Based Practice
 Difficulty: Easy

Feedback	
1	Assessment is a step in the nursing process; however, this is not the basis for nursing care practices and protocols.
2	Evaluation is a step in the nursing process; however, this is not the basis for nursing care practices and protocols.
3	Diagnosis is a step in the nursing process; however, this is not the basis for nursing care practices and protocols.

4	Evidence that is obtained through research is the basis for nursing care practices and protocols.
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PTS: 1 CON: Evidence-Based Practice

16. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Explaining the importance of patient-centered care in the management of medical-surgical patients

Chapter page reference: 004-005

Heading: Patient-Centered Care in the Medical-Surgical Setting

Integrated Processes: Teaching and Learning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Knowledge [Remembering]

Concept: Communication

Difficulty: Easy

	Feedback
1	Space in each hospital room is not a common theme of patient dissatisfaction.
2	Medications received for pain management is not a common theme of patient dissatisfaction.
3	A lack of time with members of the health care team is a common theme of patient dissatisfaction.
4	Poor food quality is not a common theme of patient dissatisfaction.

PTS: 1 CON: Communication

17. ANS: 2

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Explaining the importance of patient-centered care in the management of medical-surgical patients

Chapter page reference: 004-005

Heading: Patient-Centered Care in the Medical-Surgical Setting

Integrated Processes: Teaching and Learning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Quality Improvement

Difficulty: Moderate

	Feedback
1	Implementation of evidence-based practice is not the benchmark in which acute care facilities are evaluated against.
2	Implementation of patient-centered care is the benchmark in which acute care facilities are evaluated against.
3	Implementation of medical asepsis practices is not the benchmark in which acute care facilities are evaluated against.
4	Implementation of interprofessional care is not the benchmark in which acute care facilities are evaluated against.

PTS: 1 CON: Quality Improvement

18. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice
 Chapter learning objective: Explaining the importance of patient-centered care in the management of medical-surgical patients
 Chapter page reference: 004-005
 Heading: Patient-Centered Care in the Medical-Surgical Setting
 Integrated Processes: Nursing Process: Planning
 Client Need: Safe and Effective Care Environment/Management of Care
 Cognitive level: Application [Applying]
 Concept: Quality Improvement
 Difficulty: Moderate

	Feedback
1	Visitation rights should be evaluated prior to a TJC accreditation site visit as this aspect of patient-centered care is incorporated into the site evaluation.
2	The education level of staff is not evaluated prior to a TJC accreditation visit. This information should be evaluated for a hospital that is attempting to earn Magnet status.
3	While the fall prevention program will be reviewed during a TJC accreditation site visit this is not an aspect of patient-centered care.
4	While infection control practices will be reviewed during a TJC accreditation site visit this is not an aspect of patient-centered care.

PTS: 1 CON: Quality Improvement

19. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Practice
 Chapter learning objective: Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies
 Chapter page reference: 005-006
 Heading: Patient Safety Outcomes
 Integrated Processes: Nursing Process: Planning
 Client Need: Safe and Effective Care Environment/Safety and Infection Control
 Cognitive level: Application [Applying]
 Concept: Safety
 Difficulty: Moderate

	Feedback
1	While the nurse should take care to deliver the meal tray to the correct patient this circumstance does not require verification of patient identity through two sources.
2	While the nurse should take care to implement passive range of motion on the correct patient this circumstance does not require verification of patient identity through two sources.
3	The nurse should identify a patient using two sources prior to medication administration.
4	While the nurse should take care to document patient care in the correct medical record this circumstance does not require verification of patient identity through two sources.

PTS: 1 CON: Safety

20. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 005-006

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Communication, Safety

Difficulty: Moderate

	Feedback
1	Effective staff communication is essential to safe patient care, especially during hand-offs. Implementation of wound care is not an example of a hand-off situation.
2	Effective staff communication is essential to safe patient care, especially during hand-offs. Discharge to home is not an example of a hand-off situation.
3	Effective staff communication is essential to safe patient care, especially during hand-offs. Patient transfer to another unit of the hospital necessitate a change in who is responsible for direct patient care; therefore, this situation would necessitate the need for SBAR during the hand-off process.
4	Effective staff communication is essential to safe patient care, especially during hand-offs. Medication education is not an example of a hand-off situation.

PTS: 1

CON: Communication | Safety

MULTIPLE RESPONSE

21. ANS: 2, 3, 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 005-006

Heading: Patient Safety Outcomes

Integrated Processes: Teaching and Learning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Analysis [Analyzing]

Concept: Communication

Difficulty: Difficult

	Feedback
1.	This is incorrect. Hand-off communication is not required prior to the administration of medication. The nurse would, however, verify the patient's identity using two sources.
2.	This is correct. Hand-off communication is required when patient care is transferred from one provider to another, such as during the change of shift.
3.	This is correct. Hand-off communication is required when patient care is transferred from one provider to another, such as when a patient is transferred to the surgical suite.
4.	This is correct. Hand-off communication is required when patient care is transferred from one provider to another, such as anytime the nurse receives a new patient assignment.
5.	This is incorrect. Hand-off communication is not required prior to family visitation.

PTS: 1 CON: Communication

22. ANS: 2, 3, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing implications to medical-surgical nurses of Quality and Safety

Education for Nurses (QSEN) competencies

Chapter page reference: 005-006

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Safety and Infection Control

Cognitive level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1.	This is incorrect. Interruptions should be minimized during the medication administration process; therefore, the nurse should not answer the call bell for another patient while transporting medications for administration.
2.	This is correct. Verification of the right patient is one of the rights of medication administration; therefore, the nurse would identify the patient using two sources prior to the administration of medication.
3.	This is correct. The nurse should ensure that the rationale for all medications are associated with the patient condition; therefore, this action enhances patient safety during medication administration.
4.	This is incorrect. One of the rights of medication administration is the right time, which correlates to 30 minutes before or 30 minutes after the scheduled time. This nursing action would not enhance patient safety during medication administration.
5.	This is correct. Verifying the dose of a high-risk medication, such as insulin, enhances patient safety during medication administration.

PTS: 1 CON: Safety

23. ANS: 2, 3, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Discussing implications to medical-surgical nurses of Quality and Safety

Education for Nurses (QSEN) competencies

Chapter page reference: 005-006

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Safety and Infection Control

Cognitive level: Analysis [Analyzing]

Concept: Safety

Difficulty: Difficult

	Feedback
1.	This is incorrect. Monitor alarms should be audible even during family visitation. Inaudible alarms may impede patient safety.
2.	This is correct. The nurse should assess the alarm parameters, comparing to the prescribed settings, at the start of each shift. This action enhanced patient safety.

3.	This is correct. The nurse should respond to all alarms in a timely fashion, which enhances patient safety.
4.	This is incorrect. Monitor alarms should be audible at all times, even when the patient is asleep to enhance patient safety.
5.	This is correct. The nurse should adjust alarm parameters based on specific practitioner prescriptions. This action enhances safety.

PTS: 1 CON: Safety

24. ANS: 1, 2, 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 006-007

Heading: Interprofessional Collaboration and Communication

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Application [Applying]

Concept: Collaboration

Difficulty: Moderate

	Feedback
1.	This is correct. The physician is a member of the interprofessional team and should be invited to participate in the care conference.
2.	This is correct. The pharmacist is a member of the interprofessional team and should be invited to participate in the care conference.
3.	This is incorrect. The unit secretary is not a member of the interprofssional team; therefore, would not require an invitation to attend the care conference.
4.	This is correct. The social worker is a member of the interprofessional team; therefore, should be invited to participate in the care conference.
5.	This is incorrect. The home care aide, while a member of the interprofessional team, would not benefit from attending a care conference while the patient is hospitalized.

PTS: 1 CON: Collaboration

25. ANS: 1, 2, 4

Chapter number and title: 1, Foundation of Medical-Surgical Nursing Practice

Chapter learning objective: Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 006-007

Heading: Interprofessional Collaboration and Communication

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive level: Analysis [Analyzing]

Concept: Collaboration

Difficulty: Difficult

	Feedback
1.	This is correct. Effective clinical reasoning is a skill required for the nurse to assume the role of care coordinator.

2.	This is correct. Effective communication is a skill required for the nurse to assume the role of care coordinator.
3.	This is incorrect. Effective infection control procedures are expected to meet the standard of care; however, this skill is not required for the nurse to assume the role of care coordinator.
4.	This is correct. Effective documentation, a form of communication, is a skill required for the nurse to assume the role of care coordinator.
5.	This is incorrect. Effective intravenous skills are not required for the nurse to assume the role of care coordinator.

PTS: 1

CON: Collaboration

Chapter 2: Interprofessional Collaboration and Care Coordination

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. The home care nurse is planning care for a diabetic patient requiring an extensive dressing change twice a day, assistance with activities of daily living (ADLs), and comprehensive education. Which role is the nurse assuming by coordinating the care this patient requires?
- 1) Collaborator
 - 2) Case manager
 - 3) Health educator
 - 4) Health promoter
- _____ 2. The nurse is discussing follow-up care with a patient who is being discharged. The patient and family cross their arms and state angrily that the team's suggestions are not acceptable. Which response by the nurse is appropriate?
- 1) "We only want what's best for you."
 - 2) "We will leave you alone to discuss your options."
 - 3) "Perhaps you did not understand the recommendations."
 - 4) "Let's discuss other options that might work well for you and your family."
- _____ 3. The nurse is preparing a patient for discharge who will be requiring physical therapy (PT) to rehabilitate after a total knee replacement. After reading the health-care provider's order for PT, which would be the nurse's initial action?
- 1) Teach the family the exercises needed for the patient.
 - 2) Call home health and schedule a therapist to visit the home for therapy.
 - 3) Set up appointments according to the order with the hospital PT department.
 - 4) Discuss the various types of settings for therapy and have the patient choose the venue.
- _____ 4. The nurse is caring for a patient with rheumatoid arthritis who expresses the desire to remain active as long as possible. In order for the patient to meet this goal, what should the nurse prepare to do?
- 1) Tell the patient there is no hope.
 - 2) Ask the patient the reason for the decision.
 - 3) Teach the patient nutrition and joint exercises.
 - 4) Refer the patient to the appropriate professionals.